DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
National Institutes of Health

John E. Fogarty International Center
for Advanced Study in the Health Sciences

Advisory Board
Summary Minutes

Date: May 24, 2005
Place: Lawton Chiles International House
National Institutes of Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
National Institutes of Health

John E. Fogarty International Center
for Advanced Study in the Health Sciences

Minutes of the
Advisory Board

Sixtieth Meeting
May 24, 2005

The John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC) convened the sixtieth meeting of its Advisory Board on Tuesday, May 24, 2005, at 8:50 a.m., in the Conference Room of the Lawton Chiles International House, National Institutes of Health (NIH), Bethesda, Maryland. The meeting was open to the public from 8:50 a.m. to 12:25 p.m., followed by the closed session, from 1:00 p.m. to adjournment at 1:40 p.m., as provided in Sections 552b(c) (4) and 552b(c) (6), Title 5, U.S. Code, and Section 10 (d) of Public Law 92-463, for the review, discussion, and evaluation of grant applications and related information.[1] Dr. Sharon Hrynkow, Acting Director, FIC, presided as chair. The Board roster is appended as Attachment 1.

Board Members Present:

Dr. Patricia M. Danzon
Dr. Douglas C. Heimburger
Dr. Arthur Kleinman
Dr. Sharon L. Ramey
Dr. Robert R. Redfield
Dr. Lee W. Riley
Dr. William A. Vega

Board Members Absent:

Dr. Elizabeth Barrett-Connor
Dr. Wafaie Fawzi
Mr. Dikembe Mutombo[2]
Dr. Burton H. Singer
Dr. May L. Wykle

[1] Members absent themselves from the meeting when the Board discusses applications from their own institutions or when a conflict of interest might occur. The procedure applies only to individual applications discussed, not to *en bloc* actions.
[2] Appointment pending.

Members of the Public Present:

Dr. Vinton G. Cerf, Senior Vice President, Technology Strategy, MCI, Ashburn, VA
Dr. Ilona S. Kickbusch, Senior Advisor on Health Policy, Federal Office of Public Health, Bern, Switzerland
Dr. Rabia Mathai, Senior Vice President – Global Program Policy and Planning, Catholic Medical Mission Board, New York, New York
Dr. Jeff Reading, Scientific Director, Institute of Aboriginal Peoples' Health, Canadian Institutes of Health Research, and Professor, University of Victoria, British Columbia, Canada

Federal Employees Present:

Dr. Joel Breman, FIC/NIH
Dr. Kenneth Bridbord, FIC/NIH
Mr. Bruce Butrum, FIC/NIH
Ms. Emmy Cauthen, FIC/NIH
Dr. Ana Chepelinsky, FIC/NIH
Dr. Jean Flagg-Newton, FIC/NIH
Dr. Dan Gerendasy, CSR/NIH
Mr. Mark Headings, ORS/OD/NIH
Dr. Karen Hofman, FIC/NIH
Mr. George Herrfurth, FIC/NIH
Dr. Sharon Hrynkow, FIC/NIH
Mr. Andrew Jones, FIC/NIH
Dr. Flora Katz, FIC/NIH
Dr. Danuta Krotoski, NICHD/NIH
Mr. Richard Lambert, OGC/NIH
Dr. Donald Lindberg, NLM/NIH
Ms. Sonja Madera, FIC/NIH
Mr. John Makulowich, FIC/NIH
Dr. Jeanne McDermott, FIC/NIH
Dr. Mark Miller, FIC/NIH
Mr. Richard Miller, FIC/NIH
Dr. Greg Morosco, NHLBI/NIH
Ms. Sherri Park, NICHD/NIH
Dr. Aron Primack, FIC/NIH
Dr. Joshua Rosenthal, FIC/NIH
Ms. Alia Turganbaeva, FIC/NIH
Dr. Sandy Warren, CSR/NIH
Ms. Brinah White, FIC/NIH
Mr. Randolph Williams, FIC/NIH

FUTURE MEETING DATES

The following meeting dates are confirmed:

Tuesday, September 13, 2005

Tuesday, February 7, 2006
Tuesday, May 23, 2006
Tuesday, September 12, 2006

All subcommittees of the Board will meet on the Monday preceding each Board meeting.

I. CALL TO ORDER

Dr. Sharon Hrynkow called the meeting to order and welcomed everyone. She especially welcomed Dr. Arthur Kleinman, a new Board member who participated by telephone at the previous Board meeting. Dr. Hrynkow reported that Dr. Jean A. Wright resigned from the Board because of personal obligations. She noted that Dr. Jean Flagg-Newton is now the Executive Secretary of the Board.

Dr. Hrynkow welcomed the following special guests: Dr. Rabia Mathai, Catholic Medical Mission Board; Dr. Donald Lindberg, National Library of Medicine, NIH; Dr. Greg Morosco, National Heart, Lung, and Blood Institute; Drs. Sandy Warren and Dan Gerendasy, Center for Scientific Review (CSR); and Mr. Richard Lambert, Office of General Counsel, NIH.

II. INTERNET AND HEALTH CARE – NEW OPPORTUNITIES FOR THE 21ST CENTURY

Dr. Vinton G. Cerf, Senior Vice President, Technology Strategy, MCI, described the evolution of Internet connectivity and applications of this connectivity to health care. Drs. Cerf and Robert Kahn co-designed the Internet Protocol (IP) and architecture. As founders of the Internet, they have received many awards, including the U.S. National Medal of Technology in 1997.

Dr. Cerf noted the remarkable reach of the Internet globally. In the 8 years since 1997, the number of Web servers has grown from 22 million to 318 million, and the number of users has grown from 50 million to slightly less than 900 million. Although the increase in number of telephone devices has been far greater—up to 2.3 billion telephone devices in 2005, 1.3 billion of these are mobile devices and most are becoming Internet-enabled. Dr. Cerf anticipates that the convergence of telephone and Internet services will continue as the Internet rapidly expands across the world. As recently as 5 years ago, 75 percent of Internet users were in North America; but, as of March 2005, 33 percent, 25 percent, and 22 percent of all Internet users were in Asia, Europe, and North America, respectively. In the near future, the largest percentage of users is expected to be in Asia and the Pacific Rim. Currently, use of the Internet is highest in Scandinavian countries (more than 60 percent to 74 percent of the population connects with the Internet), followed by South

Korea and Singapore (63 percent), two countries that have the highest penetration of broadband capability in the world. Even among remote, indigenous peoples, the Internet is often available in "Internet cafes" and other community areas (e.g., laundries).

Dr. Cerf noted that the power of the IP network derives from its layered structure and the separation of the underlying architecture from the information applications. The transport, management, and linking of bits of information are handled by separately layered protocols, and the packets of information are insensitive to the mode of transmission and type of hardware used. Dr. Cerf mentioned that this profound change in the transmission of information, whereby the IP network can run on any communication system, has yet to be fully realized in U.S. regulatory structures, which remain vertically, rather than horizontally, oriented by modes of transmission. He noted that the convergence of all types of modalities (e.g., voice, video, data, imagery) is under way and is enabling individuals to maintain a "presence" by exchanging information in real-time (e.g., Instant Messaging) and in different modalities simultaneously.

Dr. Cerf further noted that the actual capacity of the IP network to carry information has increased substantially and that the use of optical fibers will make it possible to move substantially more information (up to 6–7 terabits per second per fiber) at relatively low cost. He commented that wireless access is already very popular and that the mobile telephone industry is moving ahead to offer broadband capacity in different ways (e.g., over electrical circuits) to residential users. Peer-to-peer traffic to share files (e.g., audio, video) now accounts for the single largest consumption of data on the Internet. Businesses are using Extended Mark-up Language (XML) to standardize and automate documents and transactions between companies using the Internet. Dr. Cerf noted that such applications would be particularly useful for handling health care records.

As the IP network environment further expands and spreads, new opportunities will become available to health care. Examples include the use of cryptographic tools to authenticate parties in a transaction (e.g., digital prescriptions); more precise searching and sharing of medical information on the network; hooking up of "idle" computers via the Internet to perform large-scale computations (e.g., of protein folding); use of geographically indexed epidemiological databases; and automation of clinical trials data and procedures. New applications such as blogging (opinions shared in text form), vlogging (video sharing), and podcasting (audio downloads) already offer opportunities for reaching and engaging populations outside of the traditional media. In addition, through programmable, Internet-enabled appliances (e.g., refrigerators) and devices (e.g., bathroom scales), individuals can receive and transmit health-related data to and from various sources. With radio-frequency identification (RFID) chips, physicians and pharmacies could, for example, track the distribution of medications to hospital patients. Other significant health care applications of the Internet include remote diagnosis, noninvasive biosensors, and computer-aided surgery.

Dr. Cerf highlighted three examples of the aggressive pursuit of IP technology for developing countries. In India, rural farmers are using E-Choupal, an electronic program, to obtain information on the pricing of farm products and to take digital pictures of, and obtain advice on, agricultural pests and diseases. In Indonesia, the Radio 68-H group is transmitting sound information over the Internet as files which are then retransmitted over the radio to remote islands where the Internet is not yet available. At the University of Pittsburgh, an investigator has developed approximately 500 lectures on health and technology topics and is disseminating them on

the Internet for free. In closing, Dr. Cerf noted three major challenges: (a) establishing standards for the capture and exchange of health care information (e.g., use of XML); (b) assuring that health care applications are compliant with the Health Insurance Portability and Accountability Act of 1996; and (c) enabling everyone to be "winners" in accessing and using IP networks, including the Internet.

Discussion

The Board commented on two political aspects of Internet access to health information: the need to balance the availability of personal information and patients' privacy rights, and the need to assure that public health information (e.g., on the Severe Acute Respiratory Syndrome epidemic) is openly accessible in all countries. Dr. Cerf emphasized the need for eternal vigilance to assure open access to the Internet and the need to discuss ways to inhibit efforts by some countries to control the free flow of public health information on the Internet.

Dr. Hrynkow noted that connectivity is fundamental to global health in developing countries. Dr. Cerf said that a combination of technologies is needed to meet the demands for increased bandwidth capacity in these countries. The mobile telephone industry, complemented by wire (telephone line), wireless, and broadcasting (i.e., satellite) capabilities, will be at the leading edge of these efforts and each can meet specific needs (e.g., fast, inexpensive access for rural areas).

III. INTERFACE OF GENDER, GLOBALIZATION, AND GLOBAL HEALTH

Dr. Ilona S. Kickbusch, Senior Advisor on Health Policy, Federal Office of Public Health, Bern, Switzerland, described the interconnection among gender, globalization, and health. She noted that, although researchers have examined the linkage between globalization and health or between gender and health, understanding the interconnection among the three concepts is a significant challenge. For her presentation, she drew on two United Nations (UN) Millennium Project Task Force reports, Education and Gender Equality and Child Health and Maternal Health. Major organizations that are addressing the interconnection of health and globalization and gender include the World Health Organization (WHO), the UN, and the Institute of Gender and Health at the Canadian Institutes of Health Research (CIHR).

Dr. Kickbusch emphasized that gender is more than simply roles. Rather, gender is a central political determinant of health and an organizing principle of social life that must be analyzed and understood in research and intervention studies. She also noted that gender is a problem with a solution." With sufficient political commitment, greater equality between genders and the empowerment of women can be obtained. Two main forces impinging on this resolution are globalization and individualization, which have been partly realized by the Internet.

Dr. Kickbusch noted that health, globalization, and gender are dynamic social constructs and major driving forces—socially, politically, and economically—that interconnect differently in different arenas, effecting different outcomes. From this perspective, health is an equal driving force, not an outcome. For example, health systems are social institutions that may foster or deride gender equality. Further, health links not only with modernity—the period beginning somewhere

between 1870 and 1910 and lasting to the present, but also to changes in social values (e.g., individualization, autonomy, self-respect, quality of life, empowerment) and to behaviors (e.g., smoking, reproductive health, health activism), and all are stimulated by globalization.

Globalization, as a driving force, creates new social spaces, deterritorializes populations, and has an impact on everyday lives. Globalization also results in a new global geography that must be understood in relation to health (e.g., access to health services) and to gender as well (e.g., "gendered" products such as tobacco, sex, slave/prostitution markets). In this sense, sex and gender are not just variables, but are at the core of global changes. For example, as a driving force, gender relates to human rights and peace initiatives, reproductive rights, and global politics and governance.

Dr. Kickbusch noted the need for social structural interventions to increase the agency, or empowerment, of women, particularly in developing countries. The increased leadership and participation of women in science and policy roles are especially needed. Dr. Kickbusch also noted the need for a discussion of ethics in global health and health research that includes gender and is relevant to both men and women.

Dr. Kickbusch suggested that FIC could contribute significantly in three areas: (i) facilitating the linkage of women in leadership positions around major global health issues, (ii) fostering case studies of how global health has changed (e.g., as a result of HIV/AIDS disease, research and training, and interventions), and (iii) addressing the ethics of global health in relation to gender and globalization. Dr. Kickbusch further suggested two items for potential inclusion on the research agenda: (a) epidemiological and interventional studies of the political determinants of health, and (b) "mapping" of social, political, economic, and institutional power structures that help to ensure peoples' access to interventions. She urged FIC to consider undertaking analyses of political determinants of global health using global (not national) epidemiological perspectives and methodologies.

Discussion

The Board agreed that case studies of changes in global health would be extremely important and should include political, as well as scientific, aspects. Dr. Kickbusch then commented on the shifts in gender and age under way in developing and industrialized countries. She noted that gender issues are different in developing countries, where adolescents comprise approximately two-thirds of the population, compared with Western countries, where life expectancy is longer and older populations (especially women) predominate. She also noted that accumulation of assets relates to gender and age, as well as education, and she remarked that although education is critical, especially for girls and women in developing countries, it must be complemented by other interventions in order to be translated into health and gender equality.

Dr. Kickbusch also commented on the relationship between gender and the rise of religious fundamentalism in many parts of the world. She opined that the Millennium Development Goals in maternal and child health could not be achieved unless women maintain their reproductive rights.

The Board noted the need to understand international migration, resettlement, acculturation, assimilation, and creation of new social forms in emigrant countries as aspects of globalization. Dr. Kickbusch commented that these concerns are being discussed and that methodologies to address these changes from an international perspective have yet to be developed.

IV. A GLOBAL PERSPECTIVE ON INDIGENOUS PEOPLE

Dr. Jeff Reading, Scientific Director, Institute of Aboriginal Peoples' Health (IAPH), CIHR, provided background information on CIHR and described Canada's global perspective on aboriginal peoples' health. Established in 2000 and modeled after the NIH, CIHR allocates approximately 75-80 percent of its funds for investigator-initiated research grants. However, unlike NIH, there are no intramural programs. Dr. Reading noted that IAPH, one of 13 virtual Canadian institutes, is the first research institute worldwide to focus on indigenous peoples. Initially in 2000, IAPH organized four centers for aboriginal health research from existing programs in Canada and funded each at approximately $3 million for a 6-year period. In 2001, IAPH formally launched the Aboriginal Capacity and Developmental Research Environments (ACADRE) program to provide a tribally funded research training environment for Native American scholars and researchers. This program now supports a coast-to-coast network of at least 12 centers, each of which receives up to $12 million over 6 years.

Dr. Reading opined that indigenous people are marginalized within any nation state, are particularly susceptible to the forces of globalization (including loss of land and forced assimilation in cities), live in extreme poverty, and have profound health disparities and much lower life expectancies (7–10 years and more) compared with mainstream populations. Dr. Reading noted that Canada and the United States share similar issues regarding Canadian indigenous peoples and Alaska Natives, respectively. He also noted that Canada offers a unique "laboratory" for studying population health among its four groups of indigenous peoples: circumpolar Inuit, more than 630 First Nations (formerly known as Indians), mixed French–Indian Metis, and urban aboriginals, who account for 50 percent of Canada's indigenous population. These four groups are recognized as distinct founding peoples and are afforded specific rights in Canada's Constitution.

Dr. Reading reported to the Board that IAPH/CIHR has an interest in fostering a global network of research on aboriginal peoples' health, and he noted that CIHR has signed agreements with the leading health research agencies in the United States, Australia, and New Zealand to pursue collaborative activities. With NIH and the U.S. Indian Health Service, for example, CIHR is discussing Canadian and U.S. priorities in native health, which include the delivery of health services. Dr. Reading also noted that IAPH/CIHR recently awarded planning grants for research on the resilience of indigenous peoples—an NIH-funded Native American physician scholar chaired the peer review panel. In addition, IAPH/CIHR collaborates with Mexico and is exploring the possibility of an entire North American collaboration for indigenous peoples.

In several journal articles, Dr. Reading has outlined his vision for global indigenous health research and globally linked national networks of research excellence. A key article is "A Global Model and National Aboriginal Health Research Excellence" (*Canadian Journal of Public Health*, May–June 2003). In September 2005, *Lancet* will publish a series of papers in a special supplement

on indigenous perspectives of health and health research. In closing, Dr. Reading noted that CIHR supports increased collaboration with FIC and NIH to identify solutions to aboriginal peoples' health problems in a process that promotes the vision for global indigenous health research.

Discussion

Dr. Hrynkow commented that FIC interaction with IAPH/CIHR is an outgrowth of FIC's interest in linking the health of U.S. minority populations more closely with global health. She noted that FIC is exploring the possibility of collaborations with Australia, Canada, and New Zealand on issues affecting aboriginal peoples.

The Board noted the connection between health disparities and globalization, modernity, and marginalization of people and opined that the gap between people who are more poor and less poor continues to widen—members referred to epidemiological studies of the movement of indigenous peoples from rural economies to urban settings. These studies highlight many problems, including substance abuse, suicide, violence, depression, and post-traumatic stress syndrome—problems that cluster together and are epidemic among indigenous peoples. Dr. Reading commented that Canada has the highest rate of suicide worldwide among aboriginal children and that IAPH has initiated several projects and national meetings to engage researchers and communities in the prevention of suicide among children.

The Board emphasized that interventions must include an awareness of local cultures because different cultures and groups perceive bodies, health and illness, and social roles differently. Dr. Reading cited the need for basic sociocultural research that includes qualitative cultural narratives of a peoples' meaning of health, relationships, and disease. He noted that IAPH is working closely with anthropologists and phenomenologists to understand peoples' different ways of knowing and perspectives that affect health. In addition, IAPH aligns with the CIHR Institute of Gender and Health to address gender and health issues among marginalized peoples and is interested in collaborating in research on these issues in low- and middle-income countries.

The Board highlighted the effects of relatively simple public health measures (e.g., clean water, sanitation) on population health. Dr. Hrynkow commented that, in response to the Board's discussion at its February 2005 meeting, FIC has discussed this issue with the National Institute of Environmental Health Sciences (NIEHS) and plans to convene an internal NIH meeting to address the role of NIH in this area. The Board noted that the United States has a role and has the capacity to take the first step to assure global access to clean water and to communicate globally that "clean water is doable" one village at a time. Dr. Kickbusch noted that the Millennium Development Goals have been useful in refocusing international interest on clean water and other environmental public health issues. Dr. Reading emphasized that gender and health issues of marginalized indigenous peoples must be integrated into these goals.

Regarding collaborations with Mexico, Dr. Hrynkow noted that the United States, Canada, and Mexico have established the Security Prosperity Partnership. Among the issues of interest are environment and health, and the health category includes indigenous peoples, infectious diseases, and manufacturing of drugs. Dr. Reading noted the opportunity and willingness in Mexico to

address indigenous issues. He encouraged NIH to embrace gender and indigenous peoples' issues as cross-cutting topics in the NIH Roadmap.

V. REVIEW OF CONFIDENTIALITY AND CONFLICT OF INTEREST

The rules and regulations pertaining to conflict of interest were maintained.

VI. CONSIDERATION OF MINUTES OF PREVIOUS MEETING

The minutes of the Advisory Board meeting of February 8, 2005, were considered and accepted unanimously.

VII. REPORT OF THE DIRECTOR

Dr. Hrynkow reported on personnel changes, the budget, major events, and diplomatic and other activities occurring at FIC since the February Board meeting. The written Report of the Director, which was mailed to Board members, is appended to these minutes as Attachment 2. Additional details are provided in Attachment 2.

Personnel Changes

NIH. Dr. Hrynkow reported two new appointments: **Dr. David A. Schwartz,** Director, NIEHS, effective May 23, and **Dr. Antonio Scarpa**, Director, CSR, effective July 1.

FIC Budget

Mr. Richard Miller, Executive Officer, FIC, reported that the President's Budget request for FIC for Fiscal Year (FY) 2006 is $67 million. This amount is $400,000, or approximately 0.06 percent, higher than the FY 2005 budget. Mr. Miller noted that this percentage increase is consistent with the proposed increase of approximately 0.05 percent for the NIH overall. Congressional hearings and markups on the President's Budget are expected this summer. The FY 2006 Congressional Justification for FIC was provided to the Board and is available on the FIC web site at http://www.fic.nih.gov/about/testimony.html.

Dr. Hrynkow noted that the Congressional Justification emphasizes FIC's AIDS programs as areas to be expanded if new funds become available. Other highlighted areas include neurosciences, the Fogarty Scholars program, and creation of a cadre of NIHers for posting overseas. Dr. Hrynkow said that, in the opening statement, FIC drew on Dr. Lee W. Riley's presentation at the February Board meeting to convey the personal "geneology" of a grantee's research and the impact of FIC training on enhanced public health.

Dr. Hrynkow said that FIC will have to make some hard choices in managing its programs in order to continue to meet critical global health challenges while operating within the expected low

budgetary increases. FIC staff is developing options for maintaining FIC's momentum and will present these options to the Board for its advice during the summer. Dr. Hrynkow noted that the Board's input will be useful in the planning of the FY 2007 and FY 2008 budgets.

Major FIC/NIH Events

AIDS International Training and Research Program (AITRP) Network Meeting. Dr. Hrynkow noted that network meetings are a hallmark in building effective FIC training programs. Dr. Jeanne McDermott, Program Officer, Division of International Training and Research (DITR), reported on the most recent AITRP network meeting, which was held in New York City on May 17–18 in conjunction with a scientific meeting of local HIV researchers. More than 70 participants, including representatives from all 25 AITRP programs, attended the very successful network meeting.

International Women's Day. On May 8, FIC and the NIH Office of Research on Women's Health hosted an International Women's Day Celebration at NIH to honor foreign women scientists working on the NIH campus. Dr. Hrynkow reported that Dr. Elias Zerhouni, Director, NIH, presented opening remarks, and three featured scientists described their work and presented perspectives on their career paths.

2nd Annual Career Fair for Visiting Fellows. On May 17, FIC led a trans-NIH effort to convene, for the second consecutive year, an annual career fair for visiting fellows at NIH. Dr. Hrynkow noted that the aim is to help young visiting fellows, particularly those from developing countries, to transition into post-NIH life. This year, representatives from 18 embassies and 18 international organizations or nongovernmental organizations presented information on opportunities at home or abroad.

FIC/National Science Foundation (NSF) Workshop. Dr. Joshua Rosenthal, Deputy Director, DITR, reported that FIC collaborated with NSF in hosting a meeting of experts from international research organizations in seven countries to broadly address research on the ecology of infectious diseases. Using avian influenza as an example area, the participants considered research gaps and opportunities, research teams and collaborations, infrastructure and technology, and other topics. Dr. Hrynkow noted that the participants viewed health systems research from a broad environmental perspective, in contrast with a more narrow view taken in the United States. The proceedings of the meeting will be presented to Dr. Zerhouni and other heads of medical research organizations.

Suicide Prevention Research Conference. Dr. Hrynkow reported that FIC is teaming with two NIH partners and the Substance Abuse and Mental Health Services Administration to convene several panel discussions at the meeting of the International Association for Suicide Prevention, in Durban, South Africa, on September 13–14, 2005. The aim is to share information and to learn about best practices in suicide prevention.

Global Health Research Initiative Program for New Foreign Investigators (GRIP). Dr. Hrynkow noted that FIC will convene a meeting of the first 46 GRIP awardees on June 2–3. The trainees, who will be completing their 5-year awards within the next 2 years, will give scientific

presentations and offer insights on the challenges of becoming independent scientists. NIH leaders, ambassadors, and Board members were invited to attend the reception for the GRIP awardees.

Diplomatic and Other Activities

Meetings. Dr. Hrynkow noted that FIC staff has been involved in a number of diplomatic meetings. For example, she and Dr. Zerhouni met with officials from European and Middle Eastern countries and WHO to share information about NIH and FIC programs and NIH priorities and to identify areas of common interest and potential collaboration. Dr. Hrynkow also teamed with the **Secretary of Health and Human Services, Michael Leavitt,** to inform foreign officials about FIC and NIH international activities.

Dr. Hrynkow recently led an NIH delegation that met with the **Ukranian First Lady, Mrs. Kateryna Yushchenko**, whose first priority is improving the health of Ukranian people. Dr. Hrynkow noted that the first lady was very enthusiastic about following up on these discussions.

Presentations. Dr. Hrynkow reported that she addressed Dr. Zerhouni and the other NIH institute and centers (IC) directors on May 12. She focused on the uniqueness of FIC in a talk entitled "From John Fogarty to Margaret Mead and Beyond: A Vignette." She personalized FIC's story by talking about Congressman John Fogarty and his vision for international and global health, the evolution of legislation establishing FIC after his death, the impact of FIC programs and trainees, such as Dr. Riley, on advances in science, and the important contribution of Fogarty Scholars and social scientists, such as Margaret Mead. As a Fogarty Scholar in 1973, Mead organized an early conference on the psychosocial impact of obesity.

Dr. Hrynkow noted that her presentation to the IC directors was very well received, and she encouraged the Board members to tell FIC's story in similar ways to their colleagues. Dr. Hrynkow provided the Board with a copy of her presentation and invited the members to request additional FIC information as needed.

Discussion

Dr. Hrynkow asked the Board to comment on two items: (a) How is FIC unique for NIH? (b) How does FIC support the work of NIH? She indicated that FIC may begin to compile and analyze relevant information to help answer these questions. The Board indicated positive support for this exercise and suggested that an analysis of FIC expenditures for training and number of trainees supported would show the unequivocal contribution and uniqueness of FIC.

VIII. REVIEW OF APPLICATIONS

Dr. Hrynkow chaired the remainder of the meeting during which the Research Awards Subcommittee reported on its activities. The FIC Advisory Board reviewed a total of 47 scored competing applications at its May 24 meeting.[3] The applications were in the following programs:

[3] Applications that were noncompetitive, unscored, or not recommended for further consideration by initial review groups were not considered by the Board.

- 5 applications for the AIDS International Research and Training Program (AIRTP), out of a total of 5 applications, for $2,293,070;

- 19 applications for the Global Infectious Disease Research and Training Program (GID), out of a total of 23 applications, for $2,325,054;

- 19 applications for the Fogarty International Research Collaboration Award (FIRCA) program, out of a total of 34 applications, for $608,000; and

- 4 applications for the International Clinical, Operational, and Health Services Research Training Award Program for AIDS and Tuberculosis (ICOHRTA-AIDS/TB), out of a total of 4 applications, for $300,000.

The Board concurred with the initial review group recommendations for 47 out of 47 applications.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 1:40 p.m. on May 24, 2005.

CERTIFICATION

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Sharon Hrynkow, Ph.D.
Chairperson, Fogarty International
Center Advisory Board, and
Acting Director,
Fogarty International Center

Jean Flagg-Newton, Ph.D.
Executive Secretary, Fogarty International
Center Advisory Board,
Fogarty International Center

ATTACHMENT

1 - Board Roster

Abbreviations Used in the Minutes

ACADRE	-	Aboriginal Capacity and Developmental Research Environments
AIDS	-	Acquired Immunodeficiency Syndrome
AITRP	-	AIDS International Training and Research Program
CIHR	-	Canadian Institutes of Health Research
CSR	-	Center for Scientific Review
DITR	-	Division of International Training and Research
FIC	-	John E. Fogarty International Center for Advanced Study in the Health Sciences
FIRCA	-	Fogarty International Research Collaboration Award
FY	-	Fiscal year
GID	-	Global Infectious Disease Research and Training Program
GRIP	-	Global Health Research Initiative Program for New Foreign Investigators
HIV	-	Human immunodeficiency virus
IAPH	-	Institute of Aboriginal Peoples' Health
ICOHRTA-AIDS/TB	-	International Clinical, Operational, and Health Services Research Training Award Program for AIDS and Tuberculosis
ICs	-	Institutes and centers
IP	-	Internet Protocol
NHLBI	-	National Heart, Lung, and Blood Institute
NICHD	-	National Institute of Child Health and Human Development
NIEHS	-	National Institute of Environmental Health Sciences
NIH	-	National Institutes of Health
NLM	-	National Library of Medicine
NSF	-	National Science Foundation
OD	-	Office of the Director
OGC	-	Office of General Counsel
ORS	-	Office of Research Services
RFID	-	Radio-frequency identification
UN	-	United Nations
WHO	-	World Health Organization
XML	-	Extended Mark-up Language

FOGARTY INTERNATIONAL CENTER
ADVISORY BOARD
ROSTER
(All terms end January 31)

May 2005

Sharon **Hrynkow**, Ph.D. (Chair)
Acting Director
Fogarty International Center

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Patricia M. **Danzon**, Ph.D. **2008**
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Wafaie **Fawzi,** M.D., Dr. P.H. **2007**
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Arthur **Kleinman**, M.D., M.A. **2009**
Esther and Sidney Rabb Professor and Chair
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Dikembe **Mutombo*** **2006**
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*Appointment pending

Sharon L. **Ramey,** Ph.D. **2006**
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Lee W. **Riley**, M.D. **2007**
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